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I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Steven J. Rosen Patent Attorney 4729 Cornell Rd. Cincinnati, OH 45241 Steven J. Rosen (Depositor's name) 07/21/2006 DEMMANU2 00000051 070865 10720430 (Signature 1400.00 DA 01 FC:1501 *2*006 (Date) July 17, 02 FC:1504 300.00 DA APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 11/24/2003 137264 5103 10/720,430 Cedric Carlton Lowe TITLE OF INVENTION: TURBINE SHROUD ASYMMETRICAL COOLING ELEMENTS APPLN. TYPE PREV. PAID ISSUE FEE DATE DUE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE TOTAL FEE(S) DUE 10/12/2006 nonprovisional NO \$1400 \$300 \$0 \$1700 **EXAMINER** ART UNIT CLASS-SUBCLASS VERDIER, CHRISTOPHER M 3745 415-116000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list William Scott Andes (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Steven J. Rosen (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Schenectady, NY General Electric Companuy Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government 4a. The following fec(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) Issue Fee ☐ A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any

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Date July 17, 2006

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Steven

Roser

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b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

Registration No.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT	(\$)	1,700.00					

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	Complete if Known
Application Number	10/720,430
Filing Date	11/24/2003
First Named Inventor	Cedric Carlton Lowe et al
Examiner Name	C. M. Verdier
Art Unit '	3745
Attorney Docket No.	137264

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FEE CALCULATION				·····	
1. BASIC FILING, SEARCH, AND EXAMINATION FILING FEES		,		TION FEED	
Small Entity	SEARCH	Small Entity	S	TION FEES	
Application Type Fee (\$) Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility 300 150	500	250	200	100	•
Design 200 100	100	50	130	65	
Plant 200 100	300	150	·160·	80	·
Reissue 300 150	500	250	600	300	
Provisional 200 100	. 0 .	0	0	0	
2. EXCESS CLAIM FEES Fee Description	• :	<i>;</i>		Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)				50 200	25
Each independent claim over 3 (including Reissues)					100
Multiple dependent claims <u>Total Claims</u> <u>E</u> xtra Claims Fee (\$)	Fee Pa	id (¢)		360	180
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HP = highest number of total claims paid for, if greater than 20.				100 141	i ee i dia (a)
Indep. Claims Extra Claims Fee (\$)	Fee Pa	<u>id (\$)</u>			
HP = highest number of independent daims paid for, if greater th	nan 3.				
3. APPLICATION SIZE FEE If the specification and drawings avoid 100 shoot		(aald!	14 11-11	C1 1	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50					
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small	•	•			Fees Paid (\$)
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Signature	2/4	L		Registration No (Attomey/Agent)	33,582	Teleph	one 5/3-243-5955
Name (Print/Type)	WIL	LIAM	Scott F	NDES		Date	7/17/2006

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